



APPLICATION FOR WHOLESALE BEER OR LIQUOR LICENSE
OFFICE OF STATE TAX COMMISSIONER
SFN 22921 (11-05)

Tax Type 96

APPLYING FOR (Check only ONE):
Separate application required for each license.

☐ Wholesale Beer License
Fee \$200

☐ Wholesale Liquor License
Fee \$1,000

FOR TAX DEPARTMENT USE ONLY

License Number

Business Name (Corporate or Legal)		FEIN		Federal Wholesale Basic Permit Number (For Alcohol Beverage Wholesale)	
dba Business Names (if any)		Phone #		Fax #	
Mailing Address		City		State	Zip Code
Type of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				County	

All Applicants:

- Do you have any financial interest in any retail alcoholic beverage establishment? (If corporation, include all officers, directors and stockholders; if partnership, include all partners.) If yes, list establishments below.....☐ Yes ☐ No

- Does any alcoholic beverage manufacturer or alcoholic beverage retailer have any financial interest in this wholesale business? If yes, list below☐ Yes ☐ No

- Do you have a warehouse or office in North Dakota or a state which has reciprocity with North Dakota regarding this provision, which contains a complete record of all your North Dakota transactions? If yes, list all locations below, including addresses and managers.....☐ Yes ☐ No

Location	Address	Manager
_____	_____	_____
_____	_____	_____

Individuals and Partnership:

- If partnership, list all partners:

- Are all partners citizens of the United States and residents of North Dakota?.....☐ Yes ☐ No
- Have any partners ever been convicted of a felony? If yes, list name and details below.....☐ Yes ☐ No

Corporations:

- Are you properly registered with the North Dakota Secretary of State?☐ Yes ☐ No
- Is your manager a resident of the State of North Dakota?☐ Yes ☐ No
- Has your manager ever been convicted of a felony? If yes, explain below.....☐ Yes ☐ No

- Are all officers, directors, and stockholders citizens of the United States? List those persons below☐ Yes ☐ No

- Have any officers, directors, or stockholders ever been convicted of a felony? If yes, list name and details below☐ Yes ☐ No

I, the undersigned, hereby apply for the above indicated license for the calendar year ending December 31, _____. I understand that any misstatement or concealment of fact in this application shall be grounds for revocation of the license.

Name of Owner or Authorized Officer (print or type)

Signature of Owner or Authorized Officer

Title

Date

Please send application and license fee to:

**Office of State Tax Commissioner
Alcohol Tax Section
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599**

Phone: (701) 328-2702
Fax: (701) 328-1283

DO NOT WRITE IN THIS SPACE